

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MD</i>	<i>20891</i>	<i>9/24</i>
O.I.P.E. CLASSIFIER	<i>RSD</i>		<i>9/27/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>60874</i>	<i>11-4-0</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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